

STATE OF SOUTH DAKOTA
OFFICE OF PROCUREMENT MANAGEMENT
523 EAST CAPITOL AVENUE
PIERRE, SOUTH DAKOTA 57501-3182

Staff Augmentation for Level of Care Reviews
PROPOSALS ARE DUE NO LATER THAN JANUARY 18, 2021 at 5:00 CST

Questions and Responses - Attachment

RFP # 2223

BUYER: Department of Social Services,
Division of Medical Services

POC: Dawson Lewis
Dawson.Lewis@state.sd.us

When the Questions and Responses were released last week, we inadvertently forgot to include an attachment.

The question was asked “*Can you share a redacted copy of a sample report?*” and in the response we said, “*See attached Level of Care.*”

On the following pages please find the sample report.



South Dakota
Department of
Social Services

DIVISION OF MEDICAL SERVICES

700 GOVERNORS DRIVE

PIERRE, SD 57501-2291

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LEVEL II LEVEL OF CARE (LOC) REVIEW

Resident Name: Jane Doe		DOB: 01/01/1111	Age:
TXIX#: 000000000		Social Security #: 000-00-0000	
Type of Review:	Date of Review: 12/14/2020	Date of Next Review:	MDS ARD/RUG:
Facility: Random Nursing Home	SW: Jamie Doe	email: Jamie.Doe@nursinghome.org	

Admitting Dx: Schizoaffective disorder, Major depressive disorder

Medical Hx: Hypothyroidism, mild protein-calorie malnutrition, Vit D deficiency, hypokalemia, insomnia, HTN, allergic rhinitis, partial loss of teeth due to periodontal disease, generalized muscle weakness, difficulty walking, lack of coordination, cognitive communication deficits, unspecified convulsions, COPD

<u>Typical Living Situation :</u> <input checked="" type="checkbox"/> NF <input type="checkbox"/> hospital <input type="checkbox"/> homeless <input type="checkbox"/> home w/ family <input type="checkbox"/> home w/ services <input type="checkbox"/> home alone <input type="checkbox"/> group home <input type="checkbox"/> AL	<u>ADLs:</u> (I=Independent, S=Supervision, LA=Limited Assist, EA=Extensive Assist, TA=Total Assist)
<u>Current location:</u> <input type="checkbox"/> medical facility <input type="checkbox"/> psychiatric facility <input checked="" type="checkbox"/> NF <input type="checkbox"/> ED <input type="checkbox"/> AL <input type="checkbox"/> home	<u>Bed Mobility:</u> <u>I = Independent</u>
<u>Psychopharmacologic med:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Transferring:</u> <u>I = Independent</u>
<u>Needs 24 hour supervision due to cognitive impairment:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Ambulation:</u> <u>S = Supervision</u>
<u>BIMS score:</u> 15	<u>Dressing:</u> <u>LA = Limited Assist</u>
<u>Mental Health:</u> <input type="checkbox"/> suicidal thoughts/plans <input type="checkbox"/> forgetful <input type="checkbox"/> confused <input type="checkbox"/> cannot make own decisions <input checked="" type="checkbox"/> hallucinations/delusions <input type="checkbox"/> None	<u>Eating:</u> <u>I = Independent</u>
<u>Behaviors:</u> <input type="checkbox"/> wandering <input type="checkbox"/> refusing cares <input type="checkbox"/> physical aggression <input type="checkbox"/> verbal aggression <input type="checkbox"/> yelling out <input type="checkbox"/> sexually inappropriate <input checked="" type="checkbox"/> none	<u>Toileting:</u> <u>I = Independent</u>
<u>Urinary Incontinence:</u> <input type="checkbox"/> never <input checked="" type="checkbox"/> occasionally <input type="checkbox"/> frequently <input type="checkbox"/> always	<u>Personal Hygiene:</u> <u>I = Independent</u>
<u>Bowel Incontinence:</u> <input checked="" type="checkbox"/> never <input type="checkbox"/> occasionally <input type="checkbox"/> frequently <input type="checkbox"/> always	<u>Bathing:</u> <u>I = Independent</u>
	<u>Medication Administration:</u> <u>Not Available</u>
	<u>Assistive Devices:</u> <input checked="" type="checkbox"/> walker <input type="checkbox"/> wheelchair <input type="checkbox"/> prosthesis <input type="checkbox"/> cane <input type="checkbox"/> none
	<u>Skilled Rehab Services:</u> <input type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> ST <input type="checkbox"/> Restorative <input checked="" type="checkbox"/> none
	<u>Current Specialty Cares:</u> <input type="checkbox"/> catheter <input type="checkbox"/> colostomy <input type="checkbox"/> dialysis <input type="checkbox"/> insulin assist <input type="checkbox"/> IV meds <input type="checkbox"/> oxygen <input type="checkbox"/> suctioning <input type="checkbox"/> feeding tube <input type="checkbox"/> wound care <input checked="" type="checkbox"/> none

Comments: Jane has some moisture associated skin damage which is being treated with ointments/medications. She has had no falls during the most recent review period but is at high risk for falls associated with her seizure disorder. Jane previously resided at Example Nursing Home in Random Town since 01/01/1111. Jane previously attempted to live in an assisted living facility. However, Jane did not feel that this was good for her well-being. She felt it lacked a sense of safety and comfortability that she needed for her well-being due to her mental health diagnoses. Prior to her long term care (LTC) placement, she also lived with her family member for a period of time. However, this also was not successful as the family member was not able to meet Jane's mental health needs. Jane has also become less physically independent since she was last in care of her family member. At this time, Jane has expressed the desire to remain at Random Nursing Home. She does not feel an assisted living facility (ALF) would be able to meet her mental health needs. Jane has not expressed a desire for community return and would like to stay at Random Nursing Home. Biggest barriers to discharge are Jane's own preferences and her family member's POA preferences currently. Previous attempts at transition to ALF did not go well and she feels she needs a skilled nursing facility for both mental and physical well-being

Determination

<input type="checkbox"/>	Level of Care Approved: Based on the documentation provided for the Level II PASRR Review, this individual meets the minimum standards for Nursing Facility admission at this time.
<input checked="" type="checkbox"/>	Level of Care Approved: Based on the documentation provided for the Level II PASRR Review, this individual meets the minimum standards for Nursing Facility admission at this time. It appears this individual's needs may be met in a less restrictive setting with the appropriate services. Examples may include the assisted living setting or an alternative community setting. A Dakota at Home referral is recommended.
<input type="checkbox"/>	Level of Care Denied: Based on the documentation provided for the Level II PASRR Review, this individual does not meet Nursing Facility Care Classification as defined in ARSD 67:45:01:03.

Julie DOE, RN

Signature of LOC
Reviewer

12/14/2020

Date